

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Assisted Living Federation of America

ADDRESS (number and street) ▼

1650 King Street

Suite 602

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00338020

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2012

through

M M M / D D D / Y Y Y Y Y Y
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms Maribeth Bersani

Signature of Treasurer

Ms Maribeth Bersani

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 03 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
03		01		2012

To:

M M	/	D D	/	Y Y Y Y Y Y
03		31		2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2012</td></tr></table>	Y	Y	Y	Y	Y	Y	2012							<table><tr><td colspan="6">293019.97</td></tr></table>	293019.97					
Y	Y	Y	Y	Y	Y															
2012																				
293019.97																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">275361.46</td></tr></table>	275361.46																		
275361.46																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">5000.41</td></tr></table>	5000.41						<table><tr><td colspan="6">13870.29</td></tr></table>	13870.29											
5000.41																				
13870.29																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">280361.87</td></tr></table>	280361.87						<table><tr><td colspan="6">306890.26</td></tr></table>	306890.26											
280361.87																				
306890.26																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">11676.44</td></tr></table>	11676.44						<table><tr><td colspan="6">38204.83</td></tr></table>	38204.83											
11676.44																				
38204.83																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">268685.43</td></tr></table>	268685.43						<table><tr><td colspan="6">268685.43</td></tr></table>	268685.43											
268685.43																				
268685.43																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Assisted Living Federation of America

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4340.00	7590.00
(ii) Unitemized	252.00	581.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	4592.00	8171.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	4592.00	13171.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	408.41	699.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	5000.41	13870.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	5000.41	13870.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1176.44	1704.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1176.44	1704.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	36500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11676.44	38204.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11676.44	38204.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4592.00	13171.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4592.00	13171.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1176.44	1704.83
37. Offsets to Operating Expenditures (from Line 15, page 3).....	408.41	699.29
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	768.03	1005.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Sharon Aylor

Mailing Address 4308 Wallace Ln

City
Nashville

State
TN

Zip Code
37215-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : C1621432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steve Blazejewski

Mailing Address 4028 Brookside Rd

City
Ottawa Hills

State
OH

Zip Code
43606-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prudential Real Estate Investors

Occupation

Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : C1622999

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Denis D'Amico

Mailing Address 1515 Barwick Dr

City
Norman

State
OK

Zip Code
73072-3223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brookdale Senior Living

Occupation

Senior Director, Entry Fee Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 12 / 2012

Transaction ID : C1613199

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Douglas Fullaway

Mailing Address 9375 SW Commerce Cir
Ste A1

City State Zip Code
Wilsonville OR 97070-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer

RealPage, Inc.

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : C1617053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Erin Hayes

Mailing Address 4895 Raintree Dr

City State Zip Code
Parker CO 80134-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Enquire Solutions

Occupation

Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : C1611898

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lucas Hayes

Mailing Address 4895 Raintree Dr

City State Zip Code
Parker CO 80134-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Enquire Solutions

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : C1611899

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Nick Hayes

Mailing Address 4895 Raintree Dr

City State Zip Code
Parker CO 80134-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Enquire Solutions

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : C1611900

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Hirschfeld

Mailing Address 1 Sunset Knoll Ct

City State Zip Code
Timonium MD 21093-4775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesis Health Care

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : C1612536

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Brad Klitsch

Mailing Address 222 W. Aster Lane

City State Zip Code
Mequon WI 53092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Direct Supply Inc.

Occupation

Senior Vice President of Market Develo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2012

Transaction ID : C1612535

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Paul J. Williams

Mailing Address 613 Walnut Grove Road

City

Essex

State

MD

Zip Code

21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALFA

Occupation

Association Executive

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2012

Transaction ID : C1606533

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

B. Paul J. Williams

Mailing Address 613 Walnut Grove Road

City

Essex

State

MD

Zip Code

21221

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALFA

Occupation

Association Executive

Receipt For: 2012

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : C1616284

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

4340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 13
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Assisted Living Federation of America

Mailing Address 1650 King St
Ste 602

City State Zip Code
Alexandria VA 22314-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.29

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : C1624108

Amount of Each Receipt this Period

408.41

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

408.41

408.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 13

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Jaclyn Allmon

Mailing Address 5947 Williamsburg Road

City Alexandria State VA Zip Code 22303

Purpose of Disbursement
Reimbursement for Office Supplies for Fundraising Event

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 22 2012
Transaction ID : D126974

Amount of Each Disbursement this Period

879.32

Full Name (Last, First, Middle Initial)

B. Jaclyn Allmon

Mailing Address 5947 Williamsburg Road

City Alexandria State VA Zip Code 22303

Purpose of Disbursement
Reimbursement for Office Supplies for Fundraising Event

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2012
Transaction ID : D127060

Amount of Each Disbursement this Period

156.79

Full Name (Last, First, Middle Initial)

C. SunTrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2134

Purpose of Disbursement
Credit Card Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 30 2012
Transaction ID : D127117

Amount of Each Disbursement this Period

140.33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1176.44

1176.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. Joe Kennedy for Congress

Mailing Address P.O. Box #590-464

City	State	Zip Code
Newton Center	MA	02459

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Joseph Kennedy IIIOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2012

Transaction ID : D126686

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BRIAN BILBRAY FOR CONGRESS

Mailing Address 970 SEACOAST DRIVE

City	State	Zip Code
IMPERIAL BEACH	CA	91932

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Rep. Brian P. BilbrayOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : D126687

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City	State	Zip Code
LONG BRANCH	NJ	07740

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Rep. Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : D126688

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Assisted Living Federation of America

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE

City	State	Zip Code
ALBANY	NY	12206

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Rep. Paul TonkoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2012

Transaction ID : D126973

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Sen. Kirsten GillibrandOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2012

Transaction ID : D126922

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement
Contribution to FED Committee

Candidate Name

Sen. Mitch McConnellOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2012

Transaction ID : D125569

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

10500.00
